

## NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

Please read the instruction before completing. Attach additional sheets if necessary.

COMMISSION ON ETHICS

JAN 02 2009

| PERSONAL INFORMATION:                                                                                                                                                                                                |                                              |                                      |                                                            |                                          | ON                              | ETHICS                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|------------------------------------------------------------|------------------------------------------|---------------------------------|-------------------------------|
| NAME: William M. BAUER                                                                                                                                                                                               |                                              | LENGTH OF R                          | ESIDENCE IN N                                              | EVADA:                                   | <br>38                          |                               |
| ADDRESS: 1270 Southside Dri                                                                                                                                                                                          |                                              |                                      |                                                            |                                          | <u> </u>                        |                               |
| CITY, STATE, ZIP: ECTO NV 6980)                                                                                                                                                                                      | ve                                           | LENGTH OF RE                         | SIDENCE IN DI                                              | STRICT                                   | <br>ク <sub>3</sub>              |                               |
| TELEPHONE: 775 - 738 - 8823                                                                                                                                                                                          |                                              | E-MAIL:                              | NA                                                         | <u> </u>                                 | 32_                             |                               |
| SECTION A (Public Office): List all public offices for which this and check each box accordingly i.e. annual, candidate or appearance.                                                                               | s financial o                                | disclosure state<br>ing. NRS 281A    | ment is requir<br>.620.1(g).                               | ed                                       |                                 |                               |
| Title of Public Office and Name of Government                                                                                                                                                                        | Elected, appointed or appointed              | (E. A, AE)<br>Annual<br>Compensation | Date elected or appointed                                  | ANNUAL<br>NRS 281A.600.1 &<br>281A.610.1 | CANDIDATE<br>NRS 281A.610.1(a). | APPOINTMENT<br>NRS 281A.600.1 |
| 1. 11.0                                                                                                                                                                                                              |                                              |                                      |                                                            | Check the                                | appropriate b                   | oxes below                    |
| City of CARLIN Chief of Poisce                                                                                                                                                                                       | A                                            | 51,618                               | 4/2008                                                     | V                                        |                                 |                               |
|                                                                                                                                                                                                                      |                                              |                                      |                                                            |                                          |                                 |                               |
| <u>SECTION B</u> (Sources of Income): List each source of your inco any member of your household who is 18 years of age or older.                                                                                    | me (in add<br>NRS281A                        | ition to any sou<br>620.1(b).        | rce listed in Se                                           | ection A),                               |                                 |                               |
| NVPFPS                                                                                                                                                                                                               |                                              |                                      |                                                            |                                          |                                 | ember<br>propriate            |
| Tust a serie Acres a D                                                                                                                                                                                               |                                              | <u>53,</u>                           | <u> </u>                                                   | V                                        |                                 |                               |
| INTERMEN RESERVEL & RECOVERY                                                                                                                                                                                         |                                              | 12,0                                 | 00                                                         |                                          |                                 | 7                             |
| SECTION C (Real Property): List specific location and particular which you or a member of your household has a legal or beneficinore; and (3) located in this state or an adjacent state. NRS 281A Specific Location | use of all re<br>al interest;<br>4.620.1(c). | eal estate (othe<br>(2) the fair mar | r than persona<br>ket value of wl<br><u>Particular Use</u> | hich is \$2                              | ice): (1) i<br>2,500 or         | in                            |
|                                                                                                                                                                                                                      |                                              |                                      |                                                            | -                                        |                                 |                               |
|                                                                                                                                                                                                                      |                                              |                                      |                                                            |                                          |                                 |                               |
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|                                                                                                                                                                                                                      |                                              |                                      |                                                            |                                          |                                 |                               |

| SECTION D (Creditors): List each debt secured by mortgage or deed retained by seller. NRS 281A.620. | creditor to whom you or a member of your household owes \$5<br>of trust on your personal residence; and (2) debt on a motor v<br>I(d).                                                                                                                                                          | 000 or mor<br>ehicle for p | re [EXCE<br>ersonal u                   | P <b>T</b> : (1)          |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------|---------------------------|
|                                                                                                     |                                                                                                                                                                                                                                                                                                 |                            |                                         | louseho                   |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 |                            | Check the                               | Member                    |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 |                            | box                                     | es                        |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 |                            |                                         |                           |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 |                            |                                         |                           |
| SECTION E (O'C.)                                                                                    | ntity of donor and value of each gift if all gifts received are in exe                                                                                                                                                                                                                          |                            |                                         |                           |
| administrative, or political action]. NF                                                            | iguinity or affinity; and (2) ceremonial gifts received for a birthd nial occasion if the donor does not have a substantial interest in S 281A.620.1(e).  Donor                                                                                                                                 | v                          | alue of Gift                            |                           |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 | \$                         |                                         |                           |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 | \$                         |                                         |                           |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 | \$                         |                                         |                           |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 | \$                         |                                         | i                         |
| U of a member of your household is                                                                  | ach business entity (i.e., organization or enterprise operated for firm, business, trust joint venture, syndicate, corporation or as involved as a trustee, beneficiary of a trust, director, officer, ov a class of stock or security representing 1% or more of the total. NRS 281A.620.1(f). | sociation) v               | with which<br>de or in pa<br>ng stock d | n<br>art,<br>or<br>sehold |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 |                            | Self Mer                                | nber                      |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 |                            | neck the appro<br>boxes                 | priate                    |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 |                            |                                         |                           |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 |                            |                                         |                           |
| INFORMATION I HAVE PROVIDED                                                                         | HEREIN IS ACCURATE AND COMPLETE.                                                                                                                                                                                                                                                                |                            |                                         |                           |
| TO VIDE                                                                                             | THEREIN IS ACCURATE AND COMPLETE.                                                                                                                                                                                                                                                               |                            |                                         |                           |
| DECEMBER 30, 2009                                                                                   | Signature:                                                                                                                                                                                                                                                                                      |                            |                                         |                           |
| RE TO FILE:                                                                                         | Print Name: Wickiam M. BAUER                                                                                                                                                                                                                                                                    |                            |                                         |                           |
|                                                                                                     |                                                                                                                                                                                                                                                                                                 |                            |                                         |                           |

SUBMIT TO:

Nevada Commission on Ethics 3476 Executive Pointe Way, Suite 10 Carson City, Nevada 89706 775.687.5469 • 775.687.1279 fax

**ELECTED PUBLIC OFFICERS OR CANDIDATES** SUBMIT TO:

Nevada Secretary of State, Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701 775.684.5705 • 775.684.5718 fax